

Testimony in Support of S.B. 1108: *An Act Concerning Access to Reproductive Healthcare By Students at Public Institutions of Higher Education*

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Committee on Higher Education and Employment Advancement Committee
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Sen. Slap, Rep. Haddad, Sen. Maher, Rep. Rochelle, Rep. Haines, Sen. Kelley, and other distinguished members of the Higher Education and Employment Advancement Committee:

My name is Samantha Dao, and am a current resident of New Haven, Connecticut. I can personally attest to how reproductive support could have altered the trajectory of where I stand today, as a Yale student pursuing my Master of Public Health degree in Health Policy and Management, with a concentration in U.S. Health Justice. I want to thank the Higher Education and Employment Advancement Committee for their dedication to recognizing and addressing reproductive health as a determinant of success in higher education.

The raised Senate Bill, An Act Concerning Access to Reproductive Health Care by College Students at Public Institutions of Higher Education, would ensure that all students have access to support in receiving reproductive health care and that schools are equipped to properly refer students to receive any necessary reproductive health services since it ensures comprehensive care on and off campus. I am testifying in strong support of S.B. 1108.

When I was nineteen years old, I experienced a miscarriage. While some might argue that I *dodged a bullet*, at this moment, reproductive choice had two meanings to me. On one hand, a part of me wondered how my life would have changed if my Catholic family would have wanted me to continue the pregnancy. On another, I felt a cultural shame and also carried fear about why my body could not sustain fetal life.

My experience illustrates two tales—one that would beg the question of the impact that comprehensive reproductive health services would have had if the situation had not resolved itself and another of how my life would have been different if I took on the responsibility of motherhood so soon. If this pregnancy were viable and I carried it to term, I would have spent my sophomore year of undergrad in and out of doctors' appointments. This would have limited my professional opportunities and capacity to continue studying, let alone discover my passions and career goals.

While parenthood would have prevented me from networking with peers, and attending office hours, and likely add pressure for me to take the first job I could find, as opposed to considering a second degree—I imagine that with a financial safety net and familial support, I would have been able to complete my degree. I implore the committee to consider how this poses a different challenge if I were low-income. Low-income students *already* need to overcome additional challenges such as caring for younger siblings or contributing to household income, which can make it difficult to focus on their studies. They are further burdened by an increased burden and *risk* of unintended pregnancy.¹ Research has shown socioeconomic and identity-based inequities in reproductive care can have negative consequences for college students, including higher rates of unintended pregnancy and STI transmission.

Low-income students face more financial barriers to reproductive health services, and the consequences associated with this impede future economic stability and well-being.

If my pregnancy were viable, and I were low-income—religious pressures to carry the pregnancy to term would come with a limited family capacity to financially support me, and likely limited time to devote towards babysitting so that I could continue school. Further, I might face more barriers to prenatal care due to the inability to take off school or work to seek a quality provider. Campus referral and transportation services would mitigate this.

S.B. 1108 ensures equitable access to comprehensive reproductive care and can eliminate barriers

Access to comprehensive reproductive healthcare services should not depend on who you are, how much money you make, or where you attend school. College students with limited time, resources, and transportation, and especially those living in areas with scarce facilities, must overcome significant barriers to access the care they need. Legislation must protect students' freedom to make reproductive decisions that support their futures by ensuring timely access to pregnancy care, contraception, and medication abortion. There are many steps where legislation can intervene and protect reproductive health; starting with access to contraception. On the point of financial costs, the cost of providing comprehensive care increases if we neglect any reproductive needs. There is an inherent value in *comprehensive* care, as defined by the bill. The cost of condoms: \$5-10; emergency contraception: \$50; medication abortion: \$576-662 in Connecticut²; pregnancy care: \$18,865³.

I ask the members of this committee to think back to being eighteen years old, newly independent, and if you can recall being *young, dumb, and broke*. Students make trade-offs between groceries and a night out with friends. Do you believe that when faced with barriers to obtaining and affording contraceptives, they will always make the smart choice? Universities can make these decisions easier for college students by making it less cumbersome for students to receive and pick up birth control prescriptions at on-campus pharmacies, access condoms at “no” or “reduced costs,” as well as offer on-site STI testing. Students will often feel too overwhelmed to seek out services, but by altering their environment and making reproductive health care a salient priority, we promote reproductive health. Further, when emergency contraception costs \$50 and requires a trip to the pharmacy, without an imminent and clear perceived risk of pregnancy, students may forgo this reproductive service until too late. In short, in the absence of comprehensive reproductive health services, students' ability to attend and succeed in college diminishes.

Increasing access to comprehensive reproductive health services promotes educational attainment, economic advancement, and health outcomes

This bill effectively reduces the barriers faced by students and reduces anxieties, simply by reassuring students that their state and institutions have an infrastructure to provide support to them. Students do not have to feel lost, or delay care. It also reduces the racial/ethnic and socioeconomic perinatal and infant health inequities that are exacerbated by restrictive reproductive health policies⁴ and economic hardships⁵ endured by those denied contraception or abortions.

When faced with reproductive decisions, whether that is to have protected sex, take emergency contraception, or receive prenatal care, timeliness plays a key role in health outcomes. Students need support.

To offer some provisions to include in this bill, I am interested in how legislators can enforce some oversight in the plans that each residential campus must submit such that we regulate where campuses may refer to for care, place limits on wait times, or empower the Connecticut department of public health to get involved with this approval process to extend each institution's capacity and accountability, as well as provide some standardization of care.

This bill displays cognizance of the Post-Dobbs landscape and takes action on increased needs by mobilizing campuses as a vessel for reproductive health services to make a positive social impact on neighboring states, and others in the state.

In conclusion, I urge you to support this bill to increase access to reproductive health care. If passed, the bill will have substantial short and longer-term impacts. I urge you to favorably vote this bill out of the Higher Education & Employment Advancement Committee, as doing so is necessary to protect the health of my generation and our future.

My reality is that have this opportunity to testify before you *because* I did not bear the burden of motherhood at nineteen years old, otherwise, I would not have experienced the academic empowerment to do so. I would be happy to share more of my story and experience regarding the academic impact of reproductive care on students, as well as clarify any questions you might have upon reviewing my testimony.

Respectfully,
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References

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